



BELLEVUE SCHOOL DISTRICT No. 405

P.O. BOX 90010 BELLEVUE, WASHINGTON 98009-9010

3114P Exhibit A

- New Request
- Renewal

SCHOOL YEAR _____

REQUEST FOR PART-TIME ATTENDANCE OR ANCILLARY SERVICES FROM A PRIVATE SCHOOL STUDENT OR A STUDENT RECEIVING HOME-BASED INSTRUCTION

STUDENTS NEED TO BE ENROLLED TO MEET WITH APPROPRIATE SCHOOL PERSONNEL FOR SCHEDULING

M F X

STUDENT LAST NAME _____	FIRST NAME _____	DATE OF BIRTH _____	GRADE LEVEL (of transfer year) _____	GENDER _____
STREET _____	APT# _____	HOME / ATTENDANCE AREA SCHOOL _____	STUDENT ID _____	
CITY _____	STATE _____	ZIP _____	COUNSELOR _____	
EMAIL ADDRESS _____	PHONE: _____	HOME _____	CELL _____	WORK _____

REQUEST BY PRIVATE SCHOOL STUDENT

NAME OF PRIVATE SCHOOL _____

As the parent of _____, I attest that the services requested are not provided in the private school that my child attends.

PARENT SIGNATURE (Please type your complete name as your signature) *

REQUEST BY BSD RESIDENT RELEASED TO ANOTHER SCHOOL DISTRICT to request services not provided by the other school district.

DISTRICT AND SCHOOL _____

CTR RECEIVED _____

REQUEST BY HOME SCHOOL STUDENT

DECLARATION OF INTENT TO HOME SCHOOL RECEIVED _____

REQUEST FOR SPECIAL EDUCATION SERVICES

ANCILLARY SERVICES REQUESTED: _____

ATHLETICS REQUESTED: _____

REQUESTED BSD COURSE(S) AND START DATE(S) STUDENT WANTS TO PARTICIPATE IN AT THE ATTENDANCE AREA SCHOOL:

Course/Subject: _____	Start date: _____
Course/Subject: _____	Start date: _____
Course/Subject: _____	Start date: _____
Course/Subject: _____	Start date: _____
Course/Subject: _____	Start date: _____

PARENT/GUARDIAN OR STUDENT IF OVER 18: By typing your name you confirm that your name serves as your signature and verifies you agree with the above statements and are authorized to provide this information.

PLEASE TYPE YOUR COMPLETE NAME AS YOUR SIGNATURE DATE

Approvals are contingent upon the following conditions: _____

- IF ALL PREREQUISITES ARE MET
- IF STUDENT QUALIFIES FOR ADVANCED LEARNING SERVICES
- IF SERVICES ARE SUPPORTED BY CURRENT IEP & EVALUATION

APPROVAL OF STUDENT PLACEMENT SUPERVISOR _____ DATE _____

Return form by email to: StudentPlacement@bsd405.org

or by mail to: Bellevue School District, Superintendent Designee
Student Placement
P.O. Box 90010
Bellevue, WA 98009-9010

STUDENT PLACEMENT DISTRIBUTION: SCHOOL COUNSELOR SCHOOL REGISTRAR SPECIAL EDUCATION ADVANCED LEARNING PROGRAMS

ES PRINCIPAL ES OFFICE MANAGER PARENT ATHLETIC DIRECTOR